

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056045

1. Entity Name

FIREHOUSE FERNANDINA, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90134 038 ***150.00

Principal Place of Business

Mailing Address

SAN JOSE BLVD.
JACKSONVILLE FL 32257

9850-5 SAN JOSE BLVD.
JACKSONVILLE FL 32257-5495

2. Principal Place of Business

3. Mailing Address

3410 Kori Rd.
Suite, Apt. #, etc.

3410 Kori Rd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL
Zip
32257
Country
USA

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Jacksonville, FL
Zip
32257
Country
USA

4. FEI Number
59-3296186

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORENSEN, ROBIN
9850-5 SAN JOSE BLVD.
JACKSONVILLE FL 32257

Name
Robin Sorensen
Street Address (P.O. Box Number is Not Acceptable)
3410 Kori Rd.
City
Jacksonville FL Zip Code
32257

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SORENSEN, ROBIN	
STREET ADDRESS	9850-5 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	SORENSEN, CHRIS	
STREET ADDRESS	9850-5 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robin Sorensen	
STREET ADDRESS	3410 Kori Rd.	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Sorensen	
STREET ADDRESS	3410 Kori Rd.	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Post	
STREET ADDRESS	3410 Kori Rd.	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Post 5/1/00 (904) 886-8300

Date Daytime Phone #

CR2E034 (9/99)